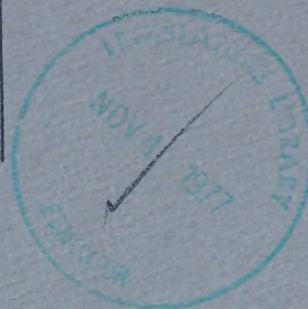
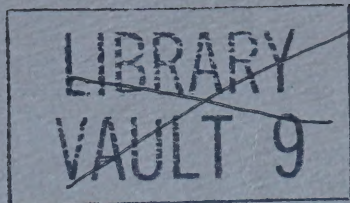


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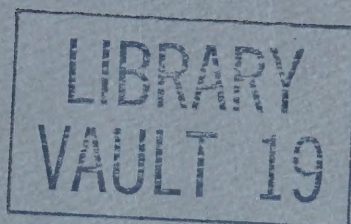
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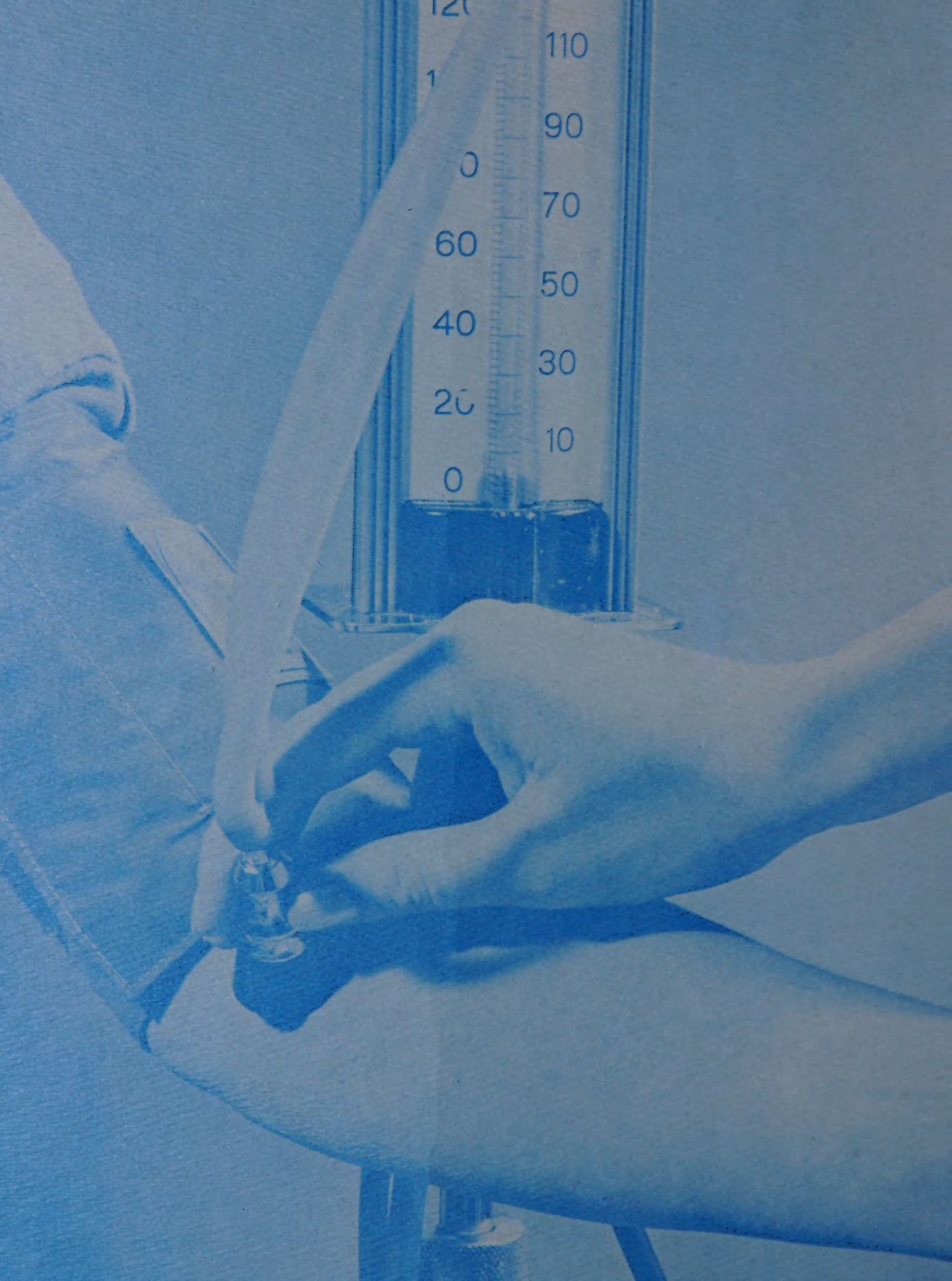
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1969



ANNUAL REPORT



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G. C. SHERWOOD
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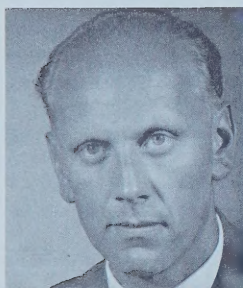


MISS M. G. PURCELL
Director of Nursing



J. R. NEWHOUSE
Director of Finance

REPORT OF THE EXECUTIVE DIRECTOR



DR. B. SNELL

I have pleasure in submitting the Annual Report of the University of Alberta Hospital for 1969. This report continues the format of the past two years and consists of two sections — a shorter section in which the senior members of the Administration summarize the activities of their divisions during the year, and a larger section containing the detailed reports of each department of the hospital.

During 1969 the hospital continued to expand its role in the provision of health services and also as the primary teaching hospital of the health science faculties of the University of Alberta. With the development of the Health Sciences Centre, the ties between the University Hospital, the Faculties of Dentistry and Pharmacy, and the University School of Nursing have become closer. The very close working relationship which has existed between the hospital and the Faculty of Medicine has been maintained.

Continuing budgetary problems have been a major concern to the hospital during 1969. The rate of increase in operating costs during this year was lower than over the previous few years, but was nevertheless still at an unacceptably high level. This increase was due very largely to increases in salaries which were the subject of province-wide labour - management negotiations, and therefore to some degree outside the control of the Hospital Board. Another aspect of the increase in cost of hospital operation related to the continued expansion of services not related to in-patients, such as out-patient laboratory and x-ray services, the operation of the Emergency Department and Family Clinic, and work with outside agencies. In expanding these services, the hospital is moving towards patterns of operations whereby patients are not admitted to the hospital if they can be treated on an ambulatory or out-patient basis.

Towards the end of 1969 the hospital was asked to submit to the Department of Health a budgetary estimate relating to its operations in 1970. The purpose of this was to enable an operating budget to be approved prior to the beginning of the hospital year. In preparing this budget for the year, all department heads participated for the first time in this process. This, and the introduction of budget control through management reports, has given each department head a greater responsibility and opportunity to maintain the operation of his department within the terms of the budget provided.

The cost of operating a large teaching hospital depends to a substantial degree on the deployment of its resources, and these are largely controlled by the members of the medical staff who are not part of the formal administrative hierarchy of the hospital. Recognizing this, the medical staff organization in 1969 accepted a degree of responsibility for management in this area, and has implemented this through the activities of the hospital's utilization committee.

With these changes in management, budgetary preparation, and control, it is hoped that cost increases in the future will be kept within reasonable limits.

BOARD CHANGES

During 1969 Dr. Walter H. Johns resigned as President of the University of Alberta, and as a result relinquished the ex officio membership on the Hospital Board which he had held for over ten years. Dr. Johns was very interested in the activities of the University Hospital and contributed a great deal as a Board member. Although we regret losing him in this capacity, we are very pleased to welcome his successor, Dr. Max Wyman. At the end of 1969 Mr. M. Roger Parker resigned after having served as a Board member for five years.

STAFF CHANGES

Dr. D. R. Wilson, Chairman of the Department of Medicine, resigned in August to become full-time Director of the McLaughlin Examination Centre of the Royal College of Physicians and Surgeons of Canada. Although he has resigned from the chairmanship of the department, Dr. Wilson retains his academic rank and remains on the medical staff of the University Hospital. He was succeeded as Chairman of the Department of Medicine by Dr. R. S. Fraser.

The Division of Ophthalmology was elevated to departmental status and Dr. T. A. S. Boyd was appointed Chairman. Similarly, the Division of Microbiology was elevated to departmental status and Dr. F. L. Jackson appointed as Chairman.

A temporary Intensive Care Unit was established on Nursing Station No. 67, pending renovations to create a longer-term unit on Nursing Station No. 42. Dr. Garner King was appointed Director of the unit on a temporary basis. While supporting the concept of Intensive Care Units, this unit demonstrated a need for a properly-designed and staffed Intensive Care facility, if optimum service is to be obtained.

With the sudden death at an early age, of Dr. T. S. Speakman, Head of the Division of Neurosurgery, in January of 1969, the hospital lost an outstanding leader in his field and a fine physician.

UNIT MANAGEMENT PROGRAM

As a pilot project of the concept of unit management, a "management centre" was established, serving four nursing stations in the hospital. The objectives of this project are to determine the feasibility of transferring non-nursing work from nursing staff to others, and also to maintain or improve the quality of care given to patients at no increase in cost. The development of this concept is important to the future Centennial Hospital, and for this reason the pilot project is undertaking a thorough study and evaluation of the program. By the end of 1969 it was evident that the concept is a valid one. However, the study will continue until the fall of 1970.

The senior administrative staff of the University Hospital have formed an effective team and I would like to express to them my appreciation for the support which they have given during the year. I also wish to express my appreciation to Dr. W. C. MacKenzie, Dean of the Faculty of Medicine, and the Deans and Directors of the other health science faculties and schools, for their continued help and co-operation in the operation and development of the Health Sciences Centre during the year. Finally, I would also like to express my appreciation for the continued support of the Hospital Board during the year.



SERVICE STATISTICS

	1968	1969
Admissions	23,834.	23,748.
Births	2,322.	2,219.
Emergency Visits	56,571.	61,181.
Outpatient Visits	23,789.	16,390.
Operations Performed	19,953.	20,333.
Meals Served	1,560,837.	1,585,200.
Pounds of Laundry Processed	5,917,445.	5,999,145.
X-Ray Examinations	77,095.	83,334.
Units of Laboratory Work	2,407,579.	2,427,272.
Physical Therapy Treatments	121,368.	123,858.
Occupational Therapy Treatments	35,234.	42,530.
Social Service Visits	12,216.	13,974.
Patients Visited by the Chaplains	8,623.	6,264.
Prescriptions	293,351.	246,111.

REPORT OF THE BUSINESS ADMINISTRATOR



G. C. SHERWOOD

I have pleasure in making this annual report for the year 1969 on behalf of the Business and Administrative Services Division of the hospital and covering activities within the Departments of Buildings and Grounds, Dietary Services, Linen Services, Management Centres, Pharmaceutical Services and Purchasing, as well as a number of non-departmental areas including Central Supply, Children's Day Care Centre, Mail and Messenger Services, Information Services, Switchboard and Work Study Services.

BUILDINGS AND GROUNDS

The overall responsibility of this department includes Housekeeping Services, Buildings and Equipment Maintenance, Grounds Maintenance, Parking Control, Building Renovations, Security, Fire Prevention and Safety. During 1969 we assumed responsibility for providing housekeeping services in the new University of Alberta, Clinical Sciences Building, under contract with the University. Renovation programs were carried out in the General Office Area to provide space for the new Departments of Finance and Manpower; the Department of Radiology to expand the facilities of that Department and staff parking facilities were expanded to meet increasing needs. Towards the end of the year and due to a lack of funds to proceed with various renovation projects, it was found necessary to lay off ten of our renovation employees. Unless funds are approved early in the new year, it may be necessary to disband the full renovation crew of approximately twenty-five employees.

DIETARY SERVICES

The Department of Dietary Services consisting of one hundred and fifty-one employees is responsible for all meal services to patients and staff including the special and therapeutic diets. During the year a total of 528,400 meal days were served with total raw food costs amounting to \$585,081.00 for a raw food cost per meal day of \$1.07. In addition the department operates a Public Snack Bar, a formula room and provides catering services for hospital purposes and the Faculty of Medicine.

The Department also plays a significant role in the field of education and during the year provided training to eleven Dietary Technicians and twenty-two Dietetic Interns.

The Director of Dietary Services, Miss I. J. Torrington, is presently very involved in the planning of the new dietary facilities which will be provided in the new Centennial Hospital.

LINEN SERVICES

This department is responsible for all linen services including the operation of the hospital laundry. During the year a total of 5,999,145 pounds of linen was serviced through the laundry representing only a modest increase over the previous year of approximately 81,700 pounds. Linen utilization has increased substantially during the past five years and now stands at the level of 18.9 pounds per patient day. The laundry is presently working at what must be regarded as maximum capacity and any further significant increase in the work load will require either an expansion of the equipment facilities or an extended work week. It presently operates on a five day week with a partial staff working on Sundays.

MANAGEMENT CENTRES

The Department of Management Centres is a new department of the hospital created to develop the Unit Management concept of providing management services in the patient care areas of the hospital and thus relieving nursing staff of these duties. It has commenced with an initial pilot project whereby two Unit Managers have been employed to service four nursing stations. Dependant on the success of the initial project particularly from an economic point of view, the service will be extended to all other areas of the hospital including the new Centennial Hospital.

PHARMACEUTICAL SERVICES

Data processing is now being used in the control of anti-histamatic, anti-infective, antineoplastic and autonomic drugs as well as for insulin and cystic fibrotic accounts. The data processed Drug Information Program on five hundred drugs has been finalized, but the co-ordination for evaluation and trial on a Nursing Station has not been implemented. Through concerted effort the average daily workload of prescriptions filled has been reduced to 1694 from 1875 the previous year as a direct result of endeavoring to eliminate duplicate prescription orders. It is to be noted that the rate of stock turnover has increased to 7.0 times with a stock value of \$98,873.53 compared to 6.6 times with a stock value of \$95,700.29 in 1968.

PURCHASING DEPARTMENT

With continuous departmental expansions and renovations occurring through the hospital and the almost constant flow of new products and equipment being placed on the market, the Purchasing Department continues to be extremely busy. The work load was effected considerably in 1969 because of the opening of the new Clinical Sciences Building and conversion to the Metric System of weights and measures.

CENTRAL SUPPLY

During 1969 a comprehensive work study project was carried out in the C.S.R. in an effort to solve some of the production problems of the department. The results to be realized from this study will be reported on in 1970. The continuously increasing work load is becoming more and more difficult to handle within the limits of space presently available to the department.

CHILDREN'S DAY CARE CENTRE

The Children's Day Care Centre facilities are available for the care of employee's children between the age of three and six years. The program offered gives emphasis to creative activities, music, drama, arts and crafts, with a balance being maintained between free play and structured activities. During 1969 a total of 9269 actual days of child care was provided representing 88% utilization of the facility.

MAIL AND MESSENGER SERVICE

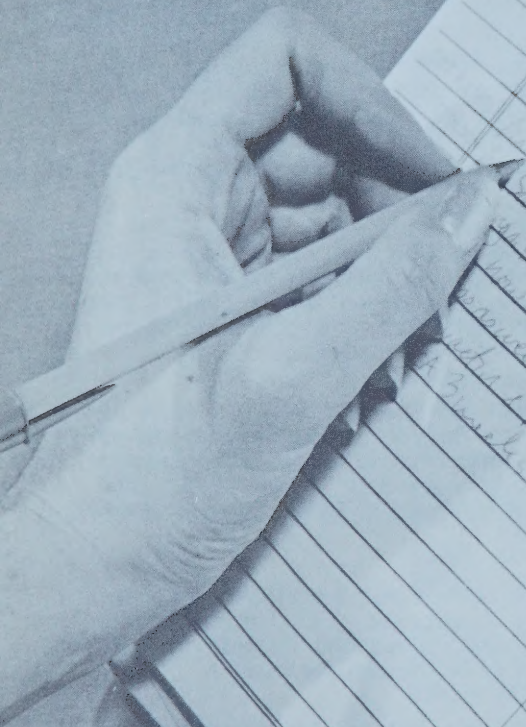
During 1969 the hospital's Messenger Service was transferred from the Housekeeping Department to the former Mail Department. This has resulted in a much more efficient service being possible with no required increase in staff. This has been possible through the compatibility of the two services.

INFORMATION AND SWITCHBOARD SERVICES

In 1969 a new two-position switchboard was installed to accomodate the new Clinical Sciences Building. This facility will be operated independently from the hospital's own switchboard facility and will be a service provided under agreement with the University of Alberta. An average of 5000 calls per day are serviced by this busy facility together with some 2000 long distance calls per month.

WORK STUDY SERVICES

The development and use of Work Study techniques in the University Hospital is relatively new and appears to be developing into a useful and worthwhile activity. A fairly comprehensive study of the work activities in the Central Supply Room was carried out during the year and subject to satisfactory implementation, offers possibilities of a much improved service with substantial savings in cost. During this study it was possible to immediately effect savings of material costs estimated to be worth approximately \$5000.00 per annum. A study of Mail and Messenger services resulted in an amalgamation of these two functions with a marked improvement in the service being provided with no increase in cost. A program for the year 1970 has been developed and because of the constrained budget situation emphasis will be placed on studies deliberately aimed at reducing costs.



UNIVERSITY OF CALIFORNIA
SCHOOL OF MEDICINE
CLINICAL RECORDS

NO. _____
NAME _____
DATE _____

Diagnosis
Orders and Signature

OPD

REPORT OF THE DIRECTOR OF NURSING



MISS M. G. PURCELL

The Nursing Division has endeavored to implement the many recommendations in studies done last year, which were designed to provide more effective methods for quality patient care.

The Constant Care area was moved to Station 67 to provide a more efficient intensive care service.

The Paediatric nursing department initiated the Pre - Hospital Orientation Programme, and the Parent Coffee Hour. These are innovations to assist the child and his parents in coping with the trauma of the hospitalization period for the smaller children.

The pilot project on Unit Management is in progress on four nursing units. It is already proving that, if the professional nurse is relieved of non-nursing functions, nursing care planning is more effective, and comprehensive nursing care is improved.

The relationship between the staff of the Medical Laboratory, the X-Ray Department, and the nursing staff has improved and, consequently, the service to the patient has benefited considerably.

The introduction of the budgetary system is of vital significance. Unit budgeting in this division, with regular reporting from the Finance Division, is of major importance to the administration of the Nursing Division.

A great deal of statistical data has been collected and analyzed in order to identify the cost of nursing service. Every effort is being made to interpret the budgeting concepts to all levels of nursing personnel.

The Nursing Division appreciates the opportunity to demonstrate its responsibility in controlling costs, yet maintaining a high quality of nursing care within the restricted financial resources. The division will continue to co-operate in every way possible to control the costs within the limitations of the budget so long as service demands are within the possibility of the Nursing Division's ability to meet the patient care needs.

The Nursing Service Department has continued to review data in order to provide improved establishments in patient care areas and to implement within the nursing units, programmes for the improvement of team nursing in its true concept.

The staffing establishment was increased in several areas. The availability of professional nurses and certified nursing aides improved during the latter part of the year, so there is stability in staff rotations.

The Nursing Service staff turnover was as follows:

	1969	1968
General Duty Nurses (full time)	59.11%	64.00%
Nursing Officers	22.22%	41.95%
Charge Nurses	21.31%	25.21%
Assistant Charge Nurses	27.90%	38.46%
Certified Nursing Aides	47.61%	60.13%

In-service education programmes for staff development for all levels of nursing staff continues to have high priority in the nursing service department.

Post-graduate clinical courses continued to be provided in Operating Room Technique and Management, for sixteen students and in Cardiovascular Nursing, for five students.

There were nine members of the Nursing Service Department granted leave for university study. Fifty members attended educational workshops and institutes. The supervisory course for newly appointed supervisors and charge nurses was provided by the Extension Department of the University of Alberta under the direction of the Health Services Administration personnel.

THE SCHOOL OF NURSING

One hundred and thirty-six students enrolled in the September class.

One hundred and fifty-one students graduated in the two classes.

The attrition rate for the February class was 38.6%.

The attrition rate for the September class was 13.98%.

There were twenty-eight withdrawals from the school.

Eighteen students were granted long-term leave.

The school enrollment as of December 31, stands at 336. This is forty-nine less than in 1968.

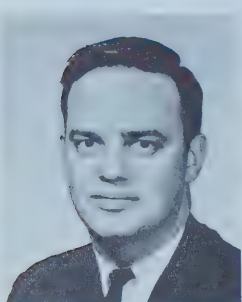
The school curriculum changes for an integrated programme in the first year has proved to be very successful. The senior year curriculum has been revised and is more comprehensive.

The students' master plan rotation has been amended, with the night period of duty being substantially reduced.

The admission system was revised and a per capita registration fee of \$100.00 per year has been instituted. The honorarium was discontinued for future students enrolling in the school.

There are student representatives, appointed by the Macleod Club, on all major nursing committees.

REPORT OF THE MEDICAL DIRECTOR



DR. J. G. READ

As in the past two years, the Annual Report has been separated into two components, this "summary", and a second larger volume of individual departmental reports. It becomes obvious that justice cannot be done within the limited confines of this report to all of the accomplishments of individual departments in the Medical Division of the hospital.

Some general statistics, however, can be helpful as indicators of the productivity of 1969. The medical staff and house staff, in addition to providing patient care through 321,852 patient days, provided undergraduate teaching to approximately 180 medical students within the hospital, graduate training to 189 interns and residents (along with numerous contributions to nursing education and the education of other health personnel), published or presented 437 papers, received approximately 119 awards or honors, and initiated, carried on, or completed approximately 105 clinical and nonclinical research projects.

Annual statistics also reveal increases in the medical staff by three active staff, three courtesy staff, one consulting staff, one scientific and research associate, and 19 people who were given Medical Director's Privileges (probationary privileges). There were three transfers, two to courtesy staff, and one to consulting staff. There were six resignations. By year's end, this represented 152 active staff, 43 courtesy staff, 22 consulting staff, seven honorary staff, 15 scientific and research associates and 44 persons with Medical Director's Privileges for a total medical staff of 284 persons.

In 1969 a number of important appointments have been made in the Medical Division. Doctor R. S. Fraser has been appointed Director of the Department of Medicine; Doctor P. B. R. Allen, Head of the Division of Neurosurgery; Doctor R. H. Wensel, Head of the Division of Gastroenterology; Doctor G. Goldsand, Head of the Division of Infectious Diseases; Doctor J. S. Percy, Head of the Division of Rheumatic Diseases and Dr. A. S. Little, Head of the Division of Clinical Haematology. The Division of Ophthalmology became a Department in 1969 with the appointment of Doctor T. A. S. Boyd as Director of the Department. Similarly, the Division of Microbiology has become a Department with Doctor F. L. Jackson as its Director. Doctor L. C. Grisdale was appointed the new Chairman of the Medical Advisory Board, and Doctor J. B. Redford its new Secretary. The Executive Committee of the Medical Staff has been quite active in 1969, particularly in regard to the Medical Staff Academic Fund, under the able leadership of Doctor D. L. Rees, President of the Medical Staff.

The House Staff establishment increased in 1969 by two, with the average number of house staff during the year being approximately 29 interns, 160 senior house staff (including clinical assistants) with secondments to other hospitals representing the equivalent of approximately 39 full time people (this latter figure having increased considerably from the equivalent of 21 last year).

Throughout the year of 1969 as in 1968, the hospital has gradually become more of a component of the Health Sciences Centre. The scope of review and evaluation of clinical research by the Special Service and Research Committee has been formally extended to cover all clinical research projects relating to in-patients, and out-patients when they are carried on in the Clinical Sciences Building as well as the Hospital. Terms of reference for the Radioisotope Committee, likewise, have been extended to licensing and control of radioisotopes throughout the existing facilities within the Health Sciences Centre. The formation of an Audiovisual Department has co-ordinated the closed circuit television functions of the University with the photography and medical illustration functions of the Hospital. The Department of Pharmacy has become much more involved in the hospital through their pharmaceutical education program integrating the role of the pharmacist more closely in the care of the patient. In this regard, Doctor John N. Hlynka of the Faculty of Pharmacy, has been appointed in the hospital as Director of Clinical Pharmacy Education, and made a member of the Scientific and Research Associate section of the medical staff.

The team concept of patient care has been talked about considerably, and there have been more and more tangible evidences through 1969 of this concept being put into practice. Policies have been established involving the Inhalation Therapists and Chest Physiotherapists on a mandatory basis for patients who are on continued assisted respiration. Increased responsibilities have been given to the Certified Nursing Aides in the Renal Dialysis Unit in regard to the starting and control of dialysis, administration of drugs, etc. Nursing orderlies have been given the responsibility in some areas of taking temperature, pulse, respiration and blood pressure. The involvement of nurses in the administration of drugs in the post anaesthetic recovery room and other areas have been extended, as have the responsibilities of the Intravenous Team. The involvement of Social Service in regard to all categories of patients, not just the indigent, has continued to increase through 1969.

In the past year, it has been pleasing to see the increased activity on the part of a number of the medical staff committees, particularly the Utilization Committee under the Chairmanship of Doctor R. H. Wensel. This committee has looked into bed utilization, waiting lists, etc., quite carefully in a number of areas and reallocation of beds in certain areas have assisted considerably in reducing waiting lists and increasing the utilization of beds. It is very likely as the end of 1969 indicated that the importance of the Utilization Committee will grow. The Medical Record Committee under the Chairmanship of Doctor G. Goldsand has been extremely active in 1969 and has been of considerable assistance to the Medical Record Department in their upgrading. The Infection Control Committee has been reactivated under Doctor F. L. Jackson and its impact will be felt, not only in regard to the existing hospital, but in planning for future hospital facilities.

A sub-committee of the Medical Advisory Board studied the utilization of P.A.S. and M.A.P. in the University of Alberta Hospital in 1969. Although usage of P.A.S. was not as great as one would like to have seen, it was generally recognized that the value of this system in cross-indexing was extremely important, and that its removal would necessitate a greater expense to set up what would be a more ineffective cross-indexing system. This factor alone would warrant the keeping of P.A.S. and M.A.P. However, use was made of P.A.S. and M.A.P. by various medical staff committees and some of the departmental heads, and this usage was increasing towards the end of the year.

The University of Alberta Hospital although a teaching institution and involved extensively also in research, is faced with its primary objective of patient care on a continuing and growing basis. The growth in volume of patient care demands, is a matter over which the hospital has little control and in some, areas, where it has been impossible to obtain facilities as requested, the pressures have created ever increasing frustrations for the patients cared for and for the staff working

with these patients. This has occurred in regard to the much needed expansion of the Emergency Department to cope with its growing load; the requested establishment of a combined Audiology and Speech and Hearing Unit; the expansion of Cardiac Catheterization facilities; and requested needs for increased teaching space within the hospital for clinical teaching; the much needed Intensive Care Unit as proposed for Station 42; increases in technician student quotas in such areas as Radiology and Electroencephalography, etc.

In spite of the problems as noted above, satisfying advances have been made in such areas as the very acceptable functioning of the temporary Intensive Care Unit on Station 67, although crowded and ineffectively laid out. Problems relating to specific beds for dental patients have been eliminated over 1969. The ward management concept has been established in two areas of the hospital on a pilot basis. In the area of Medical Records, the suspension policy re-enforced at the beginning of 1969 has seldom been used because of the co-operation of the medical staff, and medical records now are being typed within a day after their dictation. Specific policies for the Isolation Ward on Station 34 have been established and the ward is functioning more effectively now with a Ward Chief and Assistance Ward Chief representing medicine and surgery. Approval has been received for the automated laboratory system and its implementation is well underway. Completion of major renovations in the X-Ray Department are almost finalized, and resources in the Medical Electronic Shop have been increased in the form of very competent technical help.

As is happening in other parts of Canada and as has happened earlier and to a greater extent in the United States, the University of Alberta Hospital is feeling the impact of a growing concern over the legal implications of patient care. This has resulted in the establishment in a number of cases, of regulations which although frustrating to medical staff, nursing staff, and other members of the hospital staff, are becoming very necessary from a legal viewpoint.

The necessity for informed consent from patients before certain procedures has necessitated a greater involvement on the part of the medical staff in obtaining such consents. The increased responsibilities being given to paramedical people has required that very specific restraints be placed on their activities, and rules established for the amount of supervision they must have. Careful regulations have been established in regard to the responsibility for patients in the Emergency Department. Emphasis has been placed on obtaining proper permission for autopsies with a greater attention to just who can give this permission. Out-patient anaesthesia forms have been rewritten, keeping legal implications in mind, and further consideration has been given to the legal problems and implications arising out of release of information about patients. The importance of ethical review committees in regard to clinical research projects has been emphasized throughout 1969. Considerable discussion has been given to, and criteria laid down in regard to the definition of death in the University of Alberta Hospital. At the end of the year, in response to changing legislation and changing demands from the public, careful consideration has been given to the proper criteria for carrying out therapeutic abortions, and tubal ligations. It is probable that the legal implications of hospital care will continue to become more demanding in future years if 1969 is a valid indicator.

In view of the long term planning for the University of Alberta Hospital as part of a Health Sciences Centre and in view of the concern over providing patient care in the most effective ways possible, the hospital finds itself getting more and more involved outside of its once traditionally accepted role of looking after only in-patients. The volume of the workload in the Emergency Department continues to grow at a marked rate, encompassing a great range of care from what might be considered routine office visits to critical emergencies. In 1969, the University of Alberta Hospital became actively involved with organizations in the city, sponsored by various churches and the Y.M.C.A., in regard to caring for young people involved in the ever growing problems of the use of drugs. Reassessment of the hospital's stand on its Emotionally Disturbed Children's Unit has involved the hospital with outside organizations such as the Glenrose Hospital, the Board of Education, and other groups interested in the long term as well as the short term care of emotionally disturbed children.

The education of house staff at the postgraduate level in medicine continues to be one of the important activities of the hospital. On-call policies for the house staff have been changed, recognizing the differing needs in the different specialties for the availability of on-call personnel, such that, the number of house staff that must be in the hospital at nights has been decreased by those in the critical specialties such as cardiology are still quickly available. The house staff of the University of Alberta Hospital have been active in leading the way in the formation of PAIRA, the Professional Association of Interns and Residents of Alberta and it is anticipated that although this organization will primarily be of benefit to the house staff, advantages will accrue to the hospital as well.

The house staff in recognizing some of the problems of "bigness" in the University of Alberta Hospital have established social gatherings approximately once every three to four weeks, inviting not only all members of the house staff, but members of the attending staff to help eliminate an ever increasing problem within the hospital of members of the house staff not knowing other members of their own group.

As the University of Alberta Hospital has continued to grow throughout 1969, it becomes apparent that growth and bigness in itself brings with it problems as well as advantages. The Medical Staff Newsletter has continued to be received with enthusiasm throughout 1969 passing information on to the Medical staff that otherwise might well remain undistributed. With the trend towards departmentalization and specialization within departments, the number of dual appointments of medical staff to more than one department are increasing. It is noted in regard to the hospital's organization, that departmental activities, that is, departmental meetings, departmental administrative organizations, etc., are tending to grow and become more influential at departmental levels rather than depending on overall hospital activity.

The end of 1969 saw the establishment of budget procedures, a form of control not experienced before by Departmental Heads (both clinical and nonclinical) in the Medical Division. The time limits imposed by Government for the establishing of the first budget created concerns amongst the Medical Division departmental heads, but was accompanied by the anticipation that eventually a budget system will allow much more effective utilization of resources and control of departments by their respective heads.

CONCLUSION

The end of 1969 also heralded the prospect of much more attention to the economics of patient care. This inevitably will mean much greater involvement of more of the personnel providing patient care (doctors, nurses, paramedical personnel, etc.) in budgeting control. However, if past efforts of both medical and non-medical personnel in the Medical Division of the Hospital are an indicator, this problem will be approached with an associated continuing strong effort to attempt to provide the best of patient care possible.

REPORT OF THE DIRECTOR OF FINANCE



MR. J. R. NEWHOUSE

The rate of increase in operating costs slowed down in 1969. The operating costs of the University of Alberta Hospital increased from \$15.3 million in 1968 to \$17.2 million in 1969. This represents a 12.4% increase which is substantially less than the rate of growth in the prior two years.

1967	16.8%
1968	17.7%
1969	12.4%

Salaries, professional fees and payroll benefits, which are 79% of our operating budget are increasing more rapidly than other expenses.

Increase in salaries	15.6%
Increase in all other costs	1.1%

On July 1, 1969, the Alberta Hospitalization Benefits Plan announced that co-insurance on all outpatient accounts would be picked up by the Plan. This had an immediate effect on accounting. Within a few months we were able to reduce the number of outstanding outpatient accounts from ten thousand five hundred to five thousand. These accounts were usually for very small amounts (often under one dollar) which made collection a costly nuisance. We were able to reduce our staff by three accounting clerks in this area.

Perhaps the most heartening financial news for 1969 was that we started the year with a bank loan of \$1,470,000. and we ended the year with \$669,000. in the bank (cash or short term investments). This is still a small amount of working capital when you consider that our payroll runs over one million dollars a month.

In 1969 the University of Alberta Hospital made a start in the implementation of a system of budgetary controls and responsibility reporting. This system will involve each department head in the preparation of the budget and in the control of costs against that budget. A sophisticated system of management reporting and financial analysis will take several years to develop but it already appears that department managers are developing a healthy cost consciousness. Controlling costs in a large teaching hospital presents a unique challenge to the Administration. To the time worn phrase — "the best patient care" — we must add the proviso — "at the most reasonable cost." The attainment of this objective requires the active participation of all personnel in the hospital.

FINANCIAL REPORT

REVENUES:	1968	1969
	(in thousands)	
Alberta Hospitalization Benefits Plan	\$12,598	\$14,010
Government of Canada	287	410
Patients and their Paying Agencies	2,444	2,792
	\$15,329	\$17,212

EXPENDITURES:		
Salaries	\$11,807	\$13,650
Food and Dietary Supplies	621	651
Drugs and Medical Supplies	1,448	1,463
Maintenance of Buildings and Equipment	412	517
All Others	1,041	931
	\$15,329	\$17,212

PRINCIPAL ASSETS:		
Cash in Bank	\$ 130	\$ 669
Inventories	520	593
Accounts Receivable	4,030	2,540
Land, Buildings and Equipment	21,879	22,376

CURRENT LIABILITIES:		
Loans	\$ 1,470	\$ —
Accounts Payable	499	758
Advance from Alberta Hospitalization Benefits Plan	876	1,097



REPORT OF THE DIRECTOR OF MANPOWER



R. K. LARSEN

The year 1969 was a transitional period for the Manpower Division. In fact, it was the first full year of operation. The major upgrading and extension of the "Personnel" function in the University of Alberta Hospital contained many satisfactions and some frustrations for the Manpower Division staff.

During the year, changes in the Manpower Division organization occurred. They were:

1. Two "new" positions, a "Salary Administration Analyst" and a "Personnel Officer — Training", were established.
The employment of the "Personnel Officer — Training" has allowed us to begin the development of a staff training and management development program. Formal training programs of a strict professional/technical nature will continue to be under the direction of the division responsible for the particular specialty.
The employment of the "Salary Administration Analyst" has allowed us to proceed with a program that is designed to include salary and benefit surveys, position description and specification analysis, establish salary groups and so on.
2. The transference of the House Staff Secretary from the Medical Division.
3. The transference of "Personnel" office staff from the Nursing Division. This included the transfer of the Employment Supervisor and two clerical staff.

In order to centralize the Manpower Division function within the hospital and to incorporate the above noted organization changes, office renovations were required and completed.

During the year, a collective agreement for the period 1969 - 1970 was concluded with the Civil Service Association. A modified "Rand Formula" was included in the agreement. It should be noted that "Personnel Policies" were also established for other non-management/supervisory staff groups within the hospital on a similar two year basis. In the main, the agreements produced higher wage structures, and, to a limited degree, a revised benefit program.

During the year, our Group Life Insurance Plan was reviewed, and, resulted in the establishment of a "revised" program. The new plan increased the benefits to all staff members, and, is provided at a greatly reduced premium cost. The Hospital Board accepted the principle to participate in the group life insurance program cost with the staff, and, now, participates to approximately a fifty per cent cost level. The "new" program is to be implemented February 1, 1970.

The Manpower Division co-ordinated the revision of the "Hospital Bylaws". On a continuing basis, the Manpower Division is reviewing the personnel policies within the hospital to ensure that they are competitive and viable.

An organization chart booklet that identifies all management/supervisory positions within the hospital was developed. It is anticipated that the organization charts will be further expanded to include non-management/supervisory positions.

In conjunction with the physical planning of the Centennial Hospital, the Manpower Division has begun a review of the manpower requirements needed for the hospital. This tremendous task, it is anticipated, will give us the opportunity of a smooth transition from the existing hospital to the expanded hospital facilities.

To date, the personnel records have been maintained on a manual basis. During the latter part of 1969, a review was begun to determine the type of management reports and personnel records that we need, and, the feasibility of incorporating them in a computerized program.

The division continued to co-ordinate staff activities. The involvement included the "Staff Picnic", "Staff Children's Christmas Party", and "Awards Night". For the first time the staff may participate through the hospital in a Charter Flight to London, England, in May, 1970.

We are confident that with the continued co-operation of the hospital's management and staff that the Manpower Division will upgrade and improve the personnel service to all staff members.



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President, Medical Staff

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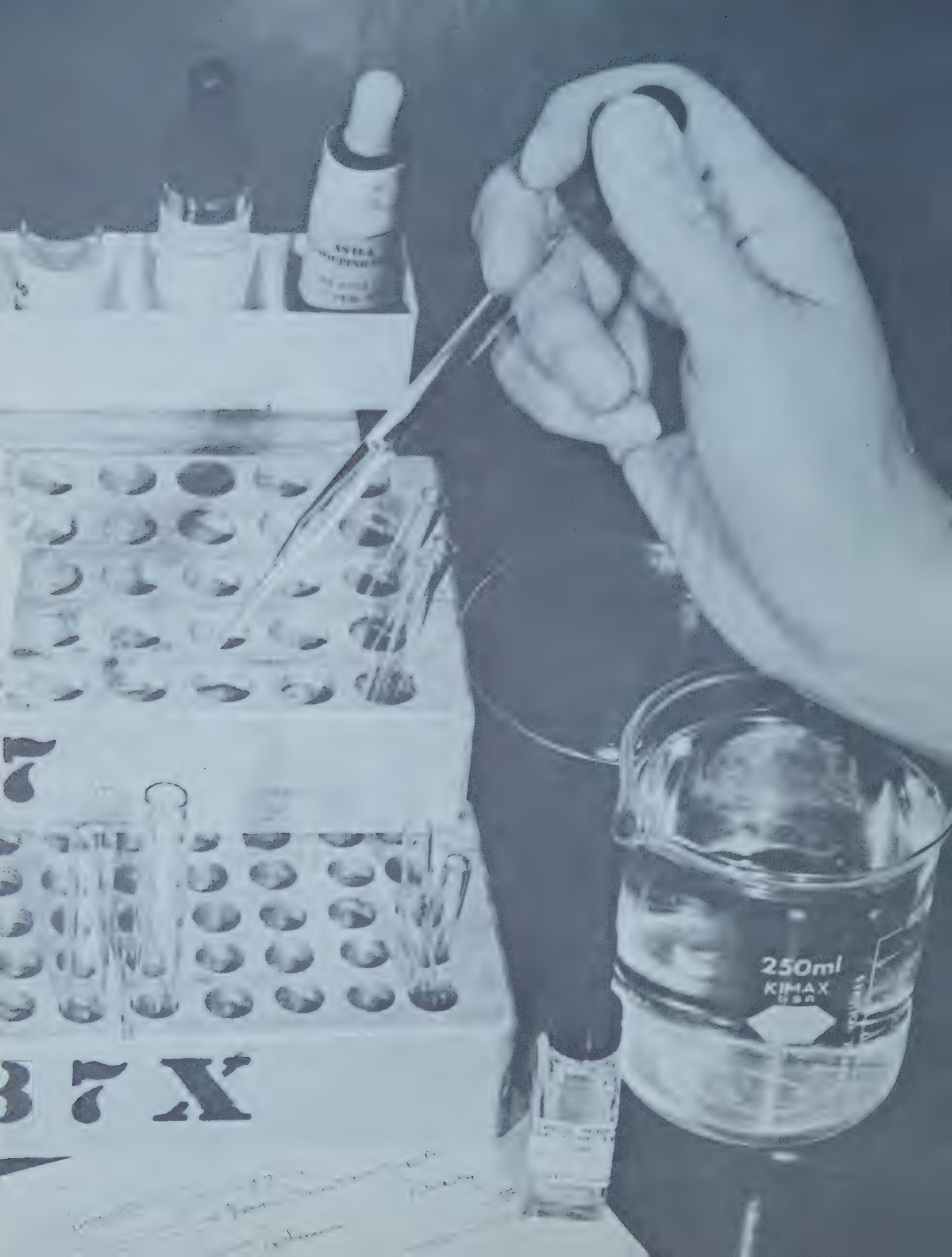
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Robertson, Kerri Duff

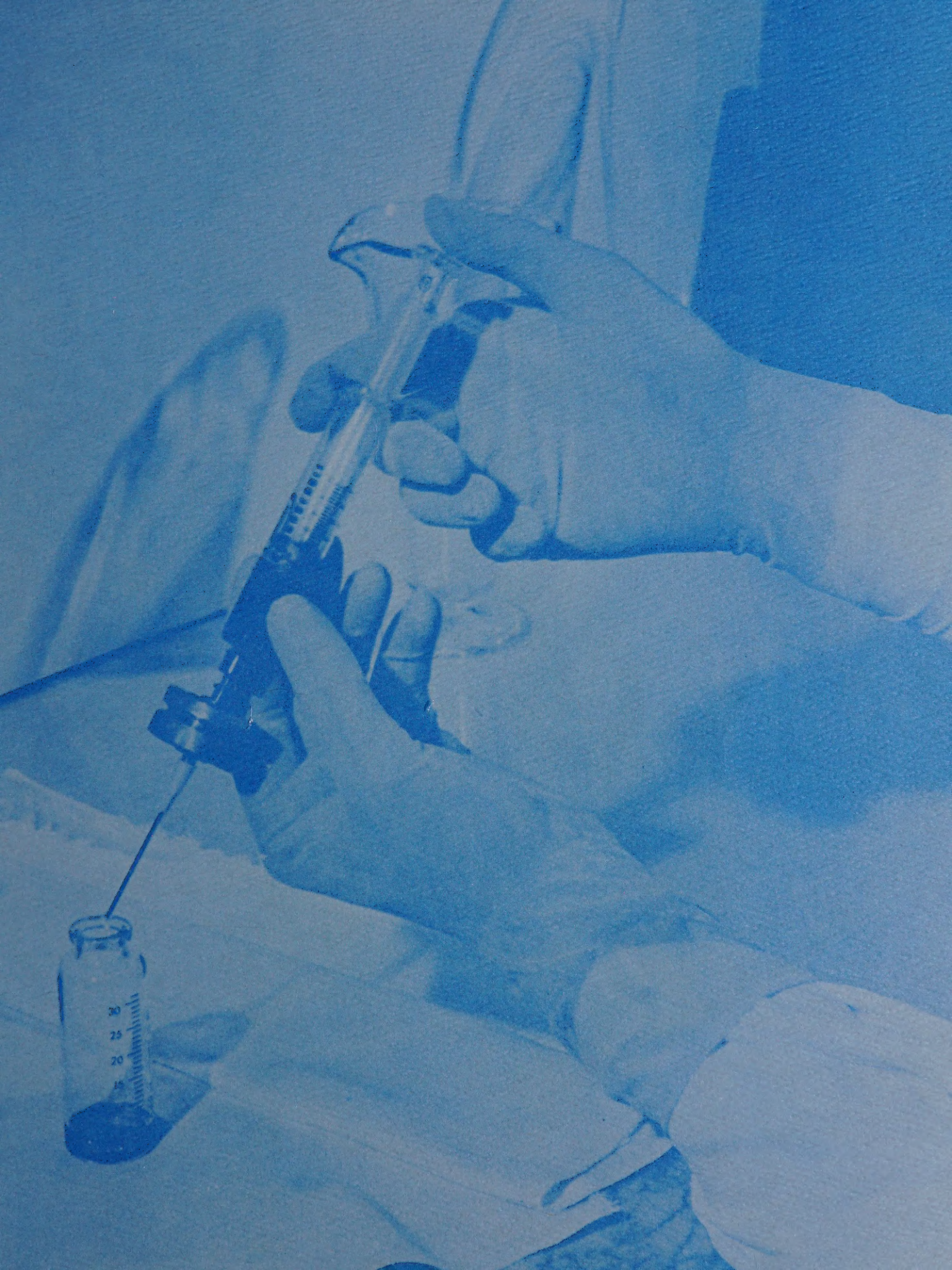
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